## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10 1582, 305 6-9-06
APPLICANT(S)

## **CLAIMS**

| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21  | IND. | DEP.     | IND. | DEP.        | IND.        | DEP.     |  |  |
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| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21 |      |          |      |             |             |          |  |  |
| 3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20            |      |          |      |             |             |          |  |  |
| 4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20                 |      |          |      |             |             |          |  |  |
| 5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20                      |      |          |      |             |             |          |  |  |
| 6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20                           |      |          |      |             |             |          |  |  |
| 8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21                               |      |          |      |             |             |          |  |  |
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| 14<br>15<br>16<br>17<br>18<br>19<br>20<br>21   |      |          |      |             |             |          |  |  |
| 15<br>16<br>17<br>18<br>19<br>20   |      |          |      |             |             |          |  |  |
| 16<br>17<br>18<br>19<br>20<br>21   |      |          |      |             |             |          |  |  |
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